

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MULTIPOINT INFUSION DEVICE**

the specification of which (check only one item below):

- ☐ is attached hereto.  
☐ was filed as United States application  
 Serial No. \_\_\_\_\_  
 on \_\_\_\_\_,  
 and was amended  
 on \_\_\_\_\_ (if applicable).  
☒ was filed as PCT international application  
 Number PCT/GB03/01377  
 on March 28, 2003  
 and was amended under PCT Article 19  
 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
UNITED STATES	60/368,560	1 April 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY</b> (Includes Reference to PCT International Applications)				<b>ATTORNEY'S DOCKET NUMBER</b> 1708-21	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</b>					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
60/368,560	1 April 2002			X	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers): <div style="text-align: center;"> <b>THOMAS M. GALGANO, Registration No. 27,638</b>  <b>DANIEL P. BURKE, Registration No. 30,735</b> </div>					
<b>Send Correspondence to:</b> Thomas M. Galgano, Esq., Galgano & Burke, LLP 300 Rabro Drive, Suite 135, Hauppauge, New York 11788				<b>Direct Telephone Calls to:</b> (name and telephone number) (631) 582-6161	
201	FULL NAME OF INVENTOR	FAMILY NAME MOSSANEN-SHAMS	FIRST GIVEN NAME Solmaz	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Bethesda	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP Iran	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9101 Quintana Drive	CITY Bethesda	STATE & ZIP CODE/COUNTRY Maryland, 20817, USA	
202	FULL NAME OF INVENTOR	FAMILY NAME MADANI	FIRST GIVEN NAME Mir	SECOND GIVEN NAME Mahmood	
	RESIDENCE & CITIZENSHIP	CITY Rossmoor	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2941 Walker Lee Drive	CITY Rossmoor	STATE & ZIP CODE/COUNTRY California, 90720, USA	
203	FULL NAME OF INVENTOR	FAMILY NAME MOSSANEN-SHAMS	FIRST GIVEN NAME Iden	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Uxbridge	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 35 Norton Road	CITY Uxbridge	STATE & ZIP CODE/COUNTRY Great Britain UB8 2PT	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE 007 20 04		DATE		DATE	

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

1708-21

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**BEST AVAILABLE COPY**

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201	FULL NAME OF INVENTOR	FAMILY NAME <b>MOSSANEN-SHAMS</b>	FIRST GIVEN NAME <b>Solmaz</b>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Bethesda</b>	STATE OR FOREIGN COUNTRY <b>Maryland</b>	COUNTRY OF CITIZENSHIP <b>Iran</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>9101 Quintana Drive</b>	CITY <b>Bethesda</b>	STATE & ZIP CODE/COUNTRY <b>Maryland, 20817, USA</b>	
202	FULL NAME OF INVENTOR	FAMILY NAME <b>MADANI</b>	FIRST GIVEN NAME <b>Mir</b>	SECOND GIVEN NAME <b>Mahmood</b>	
	RESIDENCE & CITIZENSHIP	CITY <b>Rossmoor</b>	STATE OR FOREIGN COUNTRY <b>California</b>	COUNTRY OF CITIZENSHIP <b>United States</b>	
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203	FULL NAME OF INVENTOR	FAMILY NAME <b>MOSSANEN-SHAMS</b>	FIRST GIVEN NAME <b>Iden</b>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Uxbridge</b>	STATE OR FOREIGN COUNTRY <b>Great Britain</b>	COUNTRY OF CITIZENSHIP <b>Great Britain</b>	
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SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE <i>10/23/2004</i>		DATE	

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2	FULL NAME OF INVENTOR	FAMILY NAME MOSSANEN-SHAMS	FIRST GIVEN NAME Solmaz	SECOND GIVEN NAME	
0	RESIDENCE & CITIZENSHIP	CITY Bethesda	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP Iran	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9101 Quintana Drive	CITY Bethesda	STATE & ZIP CODE/COUNTRY Maryland, 20817, USA	
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0	RESIDENCE & CITIZENSHIP	CITY Uxbridge	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS 35 Norton Road	CITY Uxbridge	STATE & ZIP CODE/COUNTRY Great Britain UB8 2PT	
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SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	